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**DEPARTMENT OF CODES & INSPECTIONS**

**APPLICATION FOR ELECTRICIAN EXAMINATION**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_

**PLEASE GIVE NAME AND ADDRESS OF PRESENT EMPLOYER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLYING TO TAKE EXAMINATION FOR THE FOLLOWING:**

☐ JOURNEYMAN      ☐ MASTER

**HAVE YOU PREVIOUSLY TAKEN THE MASTER EXAMINATION?**

☐ YES      ☐ NO

**IF YOU ARE APPLYING TO TAKE THE MASTER'S EXAMINATION, HAVE YOU PREVIOUSLY TAKEN AND PASSED THE JOURNEYMAN'S EXAMINATION?**

☐ YES      Date Passed \_\_\_\_\_  
☐ NO

**PLEASE SUBMIT ALL RELEVANT TRAINING CERTIFICATES AND LICENSES WITH THIS FORM. PAYROLL OR SOCIAL SECURITY RECORDS ARE ALSO REQUIRED TO DOCUMENT ON-THE-JOB WORK EXPERIENCE.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*This Application for Examination must be reviewed by the City of Altoona Electrical Examiner's Board. Upon review, you will be contacted in writing and informed of the Board's decision. If approved, an Examination Bulletin and testing information will be provided to you at that time.*